



CITY OF SOMERVILLE, MASSACHUSETTS
OFFICE OF STRATEGIC PLANNING & COMMUNITY DEVELOPMENT
JOSEPH A. CURTATONE
MAYOR

DIVISION OF INSPECTIONAL SERVICES

BUILDING DEPARTMENT

I, Kelly A Como, as Keeper of the Records for the City of Somerville, Mayors Office of Strategic Planning and Community Development, Inspectional Services Division, hereby certify that the documents herewith are true and accurate copies of documents in the custody of the Inspectional Services Division relative to the following property:

11 Bow ST
6 copies

Signed under the pains and penalties of perjury, this 25 day of NOV, 2011.

Kelly A Como
Signature

KELLY A COMO
Print Name



DPW • 1 FRANEY RD • SOMERVILLE, MASSACHUSETTS 02145
(617) 625-6600 EXT. 5600 • TTY: (617) 666-0001 • FAX: (617) 666-2624
www.somervillema.gov



CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES
APPLICATION FOR A PERMIT TO BUILD/ALTER/REPAIR
IN ACCORDANCE WITH SECTION 110.0
OF THE MASSACHUSETTS STATE BUILDING CODE
PLEASE TYPE OR PRINT CLEARLY IN INK

CK 4611

FOR OFFICE USE ONLY

FEE: 2336
DATE REC'D: 8-16-07
ACCEPTED BY: AB
DATE ISSUED: 8-16-07
DATE DENIED:
PERMIT NO.: BP-07-1119

1. LOCATION OF PROPERTY (NO. AND STREET)		11 Bow St				MAP	B3	BLOCK	C	LOT	A1
2. NAME AND ADDRESS OF PROPERTY OWNER											
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER											
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER											
CONST. SUPER. LIC. NO. 044503 H.C. REG. NO. 14226 SIGNATURE (REQ'D) [Signature]											
5. ZONING DIST. C8D		TYPE OF PERMIT: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY									
6. WARD 3		<input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER									
7. CURRENT USE(S) Commercial Office PROPOSED USE(S) Commercial Office											
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS USE GROUP B											
9. ESTIMATED CONSTRUCTION COST 145,540											
10. WHAT IS THE CONSTRUCTION TYPE? PLANS SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO											
11. LOT DIMENSIONS AREA FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE											
12. PROPOSED SETBACKS FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE											
13. HEIGHT OF STRUCTURE (FT.) TOTAL SQUARE FOOTAGE NUMBER OF STORIES											
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER											
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE											
16. WASTE DISPOSAL COMPANY DBI DISPOSAL SITE ADDRESS Everett											
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION (DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)											
2nd Floor Renovation. Construct new vestibule for wheel chair lift including new foundation. New door and egress stairs to grade level. A new bedroom, bathroom, bathroom for 4 offices. New electrical, plumbing and HVAC.											

ARE THE FOLLOWING INCLUDED?		YES	NO
OCCUPYING STREET OR SIDEWALK	(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DUMPSTER ON CITY PROPERTY	(1)	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL	(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PLUMBING/GAS/FITTING	(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HEATING (Mechanical)	(1) (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OIL STORAGE	(1)	<input type="checkbox"/>	<input type="checkbox"/>
AIR CONDITIONING	(1) (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PUBLIC WATER/SEWER	(1)	<input type="checkbox"/>	<input type="checkbox"/>
FIRE SUPPRESSION (Mechanical)	(1) (3)	<input type="checkbox"/>	<input type="checkbox"/>
FIRE DETECTION	(3)	<input type="checkbox"/>	<input type="checkbox"/>
WOOD BURNING APPLIANCE	(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT
NOTES: 2. HEAT LOSS INFO REQUIRED
NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Owner or Authorized Agent: [Signature]
Print name clearly: John Morfey
Street: 111 Bow St
City: Somerville State: MA Zip: 02145
Phone number (where you can be reached days): 617-625-9015
APPROVED: [Signature]
Inspector's Name and Title:

CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR
IN ACCORDANCE WITH SECTION 110.0
OF THE MASSACHUSETTS STATE BUILDING CODE
PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY

FEE:

DATE REC'D: 12-29-86

ACCEPTED BY: AB

DATE ISSUED:

DATE DENIED: 12-28-06

PERMIT NO.: _____

1. LOCATION OF PROPERTY (NO. AND STREET)		11 Bow St		MAP 73 BLOCK C LOT 11	
2. NAME AND ADDRESS OF PROPERTY OWNER Piecel Cafe Le Sec					
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER				TELEPHONE	
REGISTRATION NUMBER				TELEPHONE	
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER John Murray 114 Brandon				TELEPHONE 617-625-9015	
CONST. SUPER. LIC. NO. 049588		H.I.C. REG. NO. 1010336		SIGNATURE (REQ'D) John Murray	
5. ZONING DIST. CBD	TYPE OF PERMIT:	<input type="checkbox"/> NEW	<input type="checkbox"/> ADDITION	<input type="checkbox"/> CERTIFICATE OF OCCUPANCY	
6. WARD 2		<input type="checkbox"/> REPAIR	<input type="checkbox"/> DEMOLITION	<input checked="" type="checkbox"/> ALTERATION	<input type="checkbox"/> OTHER
7. CURRENT USE(S) Park		PROPOSED USE(S) Coffee / Cafe Restaurant			
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS		NA		USE GROUP B	
9. ESTIMATED CONSTRUCTION COST 70,000					
10. WHAT IS THE CONSTRUCTION TYPE?		PLANS SUBMITTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
11. LOT DIMENSIONS	AREA	FRONT YARD	REAR YARD	RIGHT SIDE	LEFT SIDE
12. PROPOSED SETBACKS		FRONT YARD	REAR YARD	RIGHT SIDE	LEFT SIDE
13. HEIGHT OF STRUCTURE (FT.)	TOTAL SQUARE FOOTAGE			NUMBER OF STORIES	
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER					
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT?		IF YES, GIVE COMMISSION APPROVAL DATE			
16. WASTE DISPOSAL COMPANY DBI		DISPOSAL SITE ADDRESS Chelsea MA			
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION

(DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)

Interior built out for Cafe Install one new
apartment in side Rent

711.10.1A

ARE THE FOLLOWING INCLUDED?		YES	NO
OCCUPYING STREET OR SIDEWALK	(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DUMPSTER ON CITY PROPERTY	(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ELECTRICAL	(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PLUMBING GAS/FITTING	(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HEATING (Mechanical)	(1) (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OIL STORAGE	(1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
AIR CONDITIONING	(1) (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PUBLIC WATER/SEWER	(1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FIRE SUPPRESSION (Mechanical)	(1) (3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FIRE DETECTION	(3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WOOD BURNING APPLIANCE	(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT
 NOTES: 2. HEAT LOSS INFO REQUIRED
 NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Owner or Authorized Agent

John Murray
Print name clearly

114 Brondung
Street

Somerville M

617-625-90

Phone number where you can be reached day

PLANS DENIED

— 16 —

SIGNATURE

DATE _____



CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES
APPLICATION FOR A PERMIT TO BUILD/ALTER/REPAIR
IN ACCORDANCE WITH SECTION 110.0
OF THE MASSACHUSETTS STATE BUILDING CODE
PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY

FEE: 130.00
DATE REC'D: 8-10-07
ACCEPTED BY: A.B.
DATE ISSUED: 8-10-07
DATE DENIED:
PERMIT NO.: BP-07-1071

1. LOCATION OF PROPERTY (NO. AND STREET)		11 Bow ST		MAP	73	BLOCK	C	LOT	11
2. NAME AND ADDRESS OF PROPERTY OWNER									
Mr. Monk +									
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER									
REGISTRATION NUMBER									
TELEPHONE									
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER									
John Murray 114 Broadway									
TELEPHONE: 617 625 9015									
CONST. SUPER. LIC. NO. 049927 H.I.C. REG. NO. 1147336 SIGNATURE (REQ'D) [Signature]									
5. ZONING DIST. C150		TYPE OF PERMIT: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY							
6. WARD 2		<input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION <input checked="" type="checkbox"/> OTHER							
7. CURRENT USE(S) Commercial bldg. PROPOSED USE(S) Same									
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS NA USE GROUP B									
9. ESTIMATED CONSTRUCTION COST \$1,000									
10. WHAT IS THE CONSTRUCTION TYPE? PLANS SUBMITTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
11. LOT DIMENSIONS		AREA		FRONT YARD		REAR YARD		RIGHT SIDE	
12. PROPOSED SETBACKS		FRONT YARD		REAR YARD		RIGHT SIDE		LEFT SIDE	
13. HEIGHT OF STRUCTURE (FT.)		TOTAL SQUARE FOOTAGE				NUMBER OF STORIES			
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER									
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE									
16. WASTE DISPOSAL COMPANY C.R.I. DISPOSAL SITE ADDRESS Everett									
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION (DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)									
Install new 24'x15' sign to front face of building									
bolted to building Also reface existing sign over									
hanging sidewalk									
30 S.F.									
BLOC 11									

ARE THE FOLLOWING INCLUDED?		YES	NO
OCCUPYING STREET OR SIDEWALK	(1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DUMPSTER ON CITY PROPERTY	(1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL	(1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLUMBING/GAS/FITTING	(1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEATING (Mechanical)	(1) (2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OIL STORAGE	(1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AIR CONDITIONING	(1) (2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUBLIC WATER/SEWER	(1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRE SUPPRESSION (Mechanical)	(1) (3) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRE DETECTION	(3) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WOOD BURNING APPLIANCE	(1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT
NOTES: 2. HEAT LOSS INFO REQUIRED
NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Owner or Authorized Agent: [Signature]
Print name clearly: John Murray
Street: 114 Broadway
City: Somerville MA Zip: 02145
Phone number where you can be reached days: 617 625 9015
APPROVED: [Signature]
Inspector's name and title:

**** Building Permit issued pursuant to Massachusetts Building Code Requirements ****

Persons contracting with unregistered contractors do not have access to the Guaranty Fund (As set forth in MGL c142A)







FOR OFFICE USE ONLY

FREE

DATE REC'D: 5-12-10

ACCEPTED BY: AB

DATE ISSUED: 5-12-76

DATE DENIED

PERMIT NO.: BP-10-5179

ARE THE FOLLOWING INCLUDED?		YES	NO
OCCUPYING STREET OR SIDEWALK	(1)	<input type="checkbox"/>	<input type="checkbox"/>
DUMPSTER ON CITY PROPERTY	(1)	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL	(1)	<input type="checkbox"/>	<input type="checkbox"/>
PLUMBING GAS/FITTING	(1)	<input type="checkbox"/>	<input type="checkbox"/>
HEATING (Mechanical)	(1) (2)	<input type="checkbox"/>	<input type="checkbox"/>
OIL STORAGE	(1)	<input type="checkbox"/>	<input type="checkbox"/>
AIR CONDITIONING	(1) (2)	<input type="checkbox"/>	<input type="checkbox"/>
PUBLIC WATER/SEWER	(1)	<input type="checkbox"/>	<input type="checkbox"/>
FIRE SUPPRESSION (Mechanical)	(1) (3)	<input type="checkbox"/>	<input type="checkbox"/>
FIRE DETECTION	(3)	<input type="checkbox"/>	<input type="checkbox"/>
WOOD BURNING APPLIANCE	(1)	<input type="checkbox"/>	<input type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT
 NOTES: 2. HEAT LOSS INFO REQUIRED
 NOTES: 3. STAMPED PLAN REQUIRED

Signature of Owner or Authorized Agent

Print name clearly

Street

City

Stat

Zip

Phone number where you can be reached days

APPROVED

Inspector's Name and Title _____